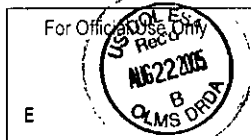


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>12727</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>John W. Kramer</u> P.O. Box, Bldg., Room No., if any _____ Street <u>321 Ridge Road</u> City <u>Campbell Hall</u> State <u>New York</u> ZIP Code + 4 <u>10916</u>	4. Name, file number, and address of labor organization. Name <u>IUOE Local Union 94, 94A, 94B</u> Labor Organization File Number <u>004-156</u> P.O. Box, Building and Room Number, if any _____ Street <u>331-337 West 44th Street</u> City <u>New York</u> State <u>New York</u> ZIP Code + 4 <u>10036</u>
5. Position in labor organization. <u>Treasurer/Business Agent</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>John W. Kramer</u>	On <u>8/15/05</u> Date <u>212 245 7040</u> Telephone Number

Name of Person Filing John Kramer	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Pryor Cashman Sherman & Flynn, LLP</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 410 Park Avenue</p> <p>City New York</p> <p>State New York ZIP Code + 4 10022-4441</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Attorney representing the Union</p> <p>11.b. Approximate dollar value of such dealing. \$106,961</p> <p>12.a. Nature of interest held or income received.</p> <p>Tickets to sporting events</p> <p>12.b. Amount. \$320</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

Part B

Name of Reporting Employer		File Number E-	
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Check Item Number (from Page 2) to which this Part B applies	ITEM 8 a <input checked="" type="checkbox"/>	ITEM 8 b <input type="checkbox"/>	ITEM 8 c <input type="checkbox"/>	ITEM 8 d <input type="checkbox"/>	ITEM 8 e <input type="checkbox"/>	ITEM 8 f <input type="checkbox"/>
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9 a <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both	9.c Position in labor organization or with employer (if an independent labor consultant, so state). <u>Treasurer/Business Agent</u>	
9 d Name and address of person with whom or through whom a separate agreement was made or to whom payments were made. Name <u>John Kramer</u> P.O. Box, Building and Room Number, if any Street <u>331-337 West 44th Street</u> City <u>New York</u> State <u>New York</u> ZIP Code <u>+ 4 10036</u>	9.d. Name and address of firm or labor organization with whom employed or affiliated Organization <u>Local 94, 94 A-94 B, IUOE</u> P.O. Box, Building and Room Number, if any Street <u>331-337 West 44th Street</u> City <u>New York</u> State <u>New York</u> ZIP Code <u>+ 4 10036</u>	
10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.	10.b. The promise, agreement, or arrangement was: <input type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both (*Written agreements entered into during the fiscal year must be attached)	
11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of each payment or expenditure	11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)
<u>5/31/04</u> <u>8/27/0004</u> 	<u>180</u> <u>140</u> <u>0</u> <u>0</u> 	<u>Payment; tickets to sporting event</u> <u>Payment; tickets to sporting event</u>
12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made. On the above mentioned dates, Vincent F. Pitta unilaterally and unsolicited made gifts to the Union of tickets to professional sporting events. Mr. Pitta has no knowledge or records as to 1) whether or not any of the tickets were used by Mr. Kramer or by any other Local 94 officer or employee to attend the sporting events; or 2) if used, the identity of the Local 94 officer or employee who attended the sporting events.		